

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Fred Simon For Congress

ADDRESS (number and street)

800 Country Club Ln

Check if different
than previously
reported. (ACC)

Coronado

CA

92118

2. FEC IDENTIFICATION NUMBER ▼

C

C00546861

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

52

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 / 03 / 2014in the
State of

CA

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
05 / 14 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy A. Koch

Signature of Treasurer

Timothy A. Koch

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 / 22 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 31

Write or Type Committee Name

Fred Simon For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7200.00	35945.00
(b) Total Contribution Refunds (from Line 20(d))	250.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6950.00	35695.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	88720.12	254350.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	11500.00	11500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	77220.12	242850.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1046136.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1253000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 31

Write or Type Committee Name

Fred Simon For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

6750.00

31500.00

(ii) Unitemized.....

450.00

4445.00

(iii) TOTAL of contributions from individuals ▶

7200.00

35945.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

7200.00

35945.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

100000.00

1453000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

100000.00

1453000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

11500.00

11500.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

28.85

292.01

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

118728.85

1500737.01

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	88720.12	254350.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	200000.00	200000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	200000.00	200000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	250.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	288970.12	454600.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1216377.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	118728.85
25. SUBTOTAL (add Line 23 and Line 24).....	1335106.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	288970.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1046136.36

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Fred Simon For Congress

A. Full Name (Last, First, Middle Initial)
William E. Bowman

Mailing Address **PO Box 1786**

City **Rancho Santa Fe** State **CA** Zip Code **92067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UCSD** Occupation **Physician**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

05 / **02** / **2014**

Transaction ID : **SA11AI.4470**

Amount of Each Receipt this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Tim Bubnack

Mailing Address **1259 Via Barranca**

City **La Jolla** State **CA** Zip Code **92037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Private Equity**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

04 / **23** / **2014**

Transaction ID : **SA11AI.4460**

Amount of Each Receipt this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dana Cavanaugh

Mailing Address **620 Country Club Ln**

City **Coronado** State **CA** Zip Code **92118**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **General Contractor**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

04 / **23** / **2014**

Transaction ID : **SA11AI.4462**

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

RoseAnn Hall

A.

Mailing Address 840 Church Hill Rd

City

La Habra Hts

State

CA

Zip Code

90631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Calif Custom Fruits & Flavors

Occupation

Secretary Treasurer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11AI.4456

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

Harish Hosalkar

B.

Mailing Address 15151 Almond Orchard Ln

City

San Diego

State

CA

Zip Code

92131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

Gary J. Master

C.

Mailing Address 3675 Canterbury Rd

City

Westlake

State

OH

Zip Code

44145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Houlihans of Cleveland

Occupation

Restaurateur

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

Eileen Natuzii

A.

Mailing Address 320 Santa Fe Dr

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

Ellen Rieback

B.

Mailing Address 772 NW 100th Ter

City

Fort Lauderdale

State

FL

Zip Code

33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rieback Medical

Occupation

Legal Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

Jim Teeter

C.

Mailing Address 531 I Ave

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mesa Label Express

Occupation

Engineer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

Hal Wilson

A.

Mailing Address 13944 Stoney Gate Pl

City

San Diego

State

CA

Zip Code

92128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farmers Insurance

Occupation

Insurance

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : SA11Al.4466

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

6750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

Dr. Fred J. Simon Jr.

Mailing Address 800 Country Club Ln

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing
federal political committee.

C H4CA52077

Name of Employer

Scripps Mem.Hospital-Encinitas

Occupation

Surgeon

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1453000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA13A.4480

Amount of Each Receipt this Period

100000.00

Loan From Candidate

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100000.00

100000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 31

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

The Schuman Group

Mailing Address 7660 Fay Ave, Suite 314

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

11500.00

Date of Receipt

05 / **12** / **2014**

Transaction ID : SA14.4486

Amount of Each Receipt this Period

11500.00

Vendor Refund for Radio Advertising

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

11500.00

11500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 31

☐ 11a ☐ 11b ☐ 11c ☐ 11d ☒ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

Coronado Private Bank

Mailing Address 801 Orange Ave

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

291.93

Date of Receipt

M M / D D / Y Y Y Y
04 30 2014

Transaction ID : SA15.4485

Amount of Each Receipt this Period

28.85

Interest Received

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

28.85

28.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Bankers Hill Ltd

Mailing Address 3065 Rosecrans Pl, Suite 204

City	State	Zip Code
San Diego	CA	92110

Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

1856.28

Transaction ID : SB17.4387

B. Bankers Hill Ltd

Mailing Address 3065 Rosecrans Pl, Suite 204

City	State	Zip Code
San Diego	CA	92110

Purpose of Disbursement
Utilities

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

243.29

Transaction ID : SB17.4436

C. Lionel Barzon III

Mailing Address 648 Moss St, Apt 59

City	State	Zip Code
Chula Vista	CA	91911

Purpose of Disbursement
Reimbursement: Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

300.37

Transaction ID : SB17.4390

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2399.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 1518 Sweetwater Rd

City	State	Zip Code
National City	CA	91950

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

300.37

Transaction ID : SB17.4390.0

[MEMO ITEM]**B. Lionel Barzon III**

Mailing Address 648 Moss St, Apt 59

City	State	Zip Code
Chula Vista	CA	91911

Purpose of Disbursement
Campaign Management Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4397

c. Lionel Barzon III

Mailing Address 648 Moss St, Apt 59

City	State	Zip Code
Chula Vista	CA	91911

Purpose of Disbursement
Reimbursement: Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

27.25

Transaction ID : SB17.4407

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1527.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Lionel Barzon III

Mailing Address 648 Moss St, Apt 59

City	State	Zip Code
Chula Vista	CA	91911

Purpose of Disbursement
Reimbursement: Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

34.38

Transaction ID : SB17.4416

B. Lionel Barzon III

Mailing Address 648 Moss St, Apt 59

City	State	Zip Code
Chula Vista	CA	91911

Purpose of Disbursement
Campaign Management Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4428

C. County of San Diego

Mailing Address 5600 Overland Ave

City	State	Zip Code
San Diego	CA	92123

Purpose of Disbursement
Call Lists

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

291.60

Transaction ID : SB17.4437

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1825.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Designed To Win

Mailing Address 2973 Harbor Blvd, #383

City	State	Zip Code
Costa Mesa	CA	92626

Purpose of Disbursement
Printing/Mailing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

24358.98

Transaction ID : SB17.4438

B. Rose Dufresne

Mailing Address KFMB - 7677 Engineer Rd

City	State	Zip Code
San Diego	CA	92111

Purpose of Disbursement
Voiceover

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4440

C. DWP Print Works

Mailing Address 1035 Silverado St

City	State	Zip Code
La Jolla	CA	92037

Purpose of Disbursement
Printing/Walk Lists

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

685.15

Transaction ID : SB17.4395

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

25244.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Justin Ford/KCBQ

Mailing Address 9255 Towne Center Dr, Suite 535

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2014

City	State	Zip Code
San Diego	CA	92121

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

3193.50

Transaction ID : SB17.4430

B. Gammage & Burnham

Mailing Address 2 North Central Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2014

City	State	Zip Code
Phoenix	AZ	85004

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1193.50

Transaction ID : SB17.4402

c. Brad Henson

Mailing Address 3455 Kearny Villa Rd, #430

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
San Diego	CA	92123

Purpose of Disbursement
IT Services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4396

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3193.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. KFMB Radio

Mailing Address 7677 Engineer Rd

City	State	Zip Code
San Diego	CA	92111

Purpose of Disbursement
Advertising - Radio

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

19558.50

Transaction ID : SB17.4398

B. KFMB Radio

Mailing Address 7677 Engineer Rd

City	State	Zip Code
San Diego	CA	92111

Purpose of Disbursement
Advertising - Radio

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

9392.50

Transaction ID : SB17.4429

C. KFMB Radio

Mailing Address 7677 Engineer Rd

City	State	Zip Code
San Diego	CA	92111

Purpose of Disbursement
Advertising - Radio

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

1530.00

Transaction ID : SB17.4441

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30481.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 31

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. KSON Radio

Mailing Address 1615 Murray Canyon Rd, Suite 710

Date of Disbursement

M M / D D / Y Y Y Y
05 / 05 / 2014

City State Zip Code
San Diego CA 92108

Amount of Each Disbursement this Period

4775.00

Purpose of Disbursement
Advertising - Radio

Transaction ID : SB17.4432

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. KYXY Radio

Mailing Address 8033 Linda Vista Rd

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2014

City State Zip Code
San Diego CA 92111

Amount of Each Disbursement this Period

5482.50

Purpose of Disbursement
Advertising - Radio

Transaction ID : SB17.4442

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Linda Vista Multi-Cultural Fair

Mailing Address Bayside Community Center
2200 Comstock

Date of Disbursement

M M / D D / Y Y Y Y
04 / 24 / 2014

City State Zip Code
San Diego CA 92101

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Booth Rental

Transaction ID : SB17.4404

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10507.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Maelstrom Solutions

Mailing Address 200 S Executive Dr, Suite 101

City	State	Zip Code
Brookfield	WI	53005

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

28.20

Transaction ID : SB17.4477

B. Maelstrom Solutions

Mailing Address 200 S Executive Dr, Suite 101

City	State	Zip Code
Brookfield	WI	53005

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

3.45

Transaction ID : SB17.4479

C. Maelstrom Solutions

Mailing Address 200 S Executive Dr, Suite 101

City	State	Zip Code
Brookfield	WI	53005

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

56.40

Transaction ID : SB17.4481

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

88.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Maelstrom Solutions

Mailing Address 200 S Executive Dr, Suite 101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

City	State	Zip Code
Brookfield	WI	53005

Amount of Each Disbursement this Period

121.05

Purpose of Disbursement
Credit Card ProcessingCategory/
Type**Transaction ID : SB17.4482**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Maelstrom Solutions

Mailing Address 200 S Executive Dr, Suite 101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

City	State	Zip Code
Brookfield	WI	53005

Amount of Each Disbursement this Period

6.20

Purpose of Disbursement
Credit Card ProcessingCategory/
Type**Transaction ID : SB17.4483**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Maelstrom Solutions

Mailing Address 200 S Executive Dr, Suite 101

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

City	State	Zip Code
Brookfield	WI	53005

Amount of Each Disbursement this Period

55.70

Purpose of Disbursement
Credit Card ProcessingCategory/
Type**Transaction ID : SB17.4484**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

182.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Hien Nguyen

Mailing Address 14330 Claymore Ct

City	State	Zip Code
San Diego	CA	92129

Purpose of Disbursement
Communications Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4381

B. Hien Nguyen

Mailing Address 14330 Claymore Ct

City	State	Zip Code
San Diego	CA	92129

Purpose of Disbursement
Communications Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4420

C. Hien Nguyen

Mailing Address 14330 Claymore Ct

City	State	Zip Code
San Diego	CA	92129

Purpose of Disbursement
Reimbursement: Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

31.61

Transaction ID : SB17.4421

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6031.61

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Political Data Inc.

Mailing Address 12501 Imperial Hwy, Suite 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

City	State	Zip Code
Norwalk	CA	90650

Amount of Each Disbursement this Period

323.21

Purpose of Disbursement
Voter ListsCategory/
Type**Transaction ID : SB17.4410**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. The Line Printing Co.

Mailing Address 437 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

City	State	Zip Code
Chula Vista	CA	91910

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Yard SignsCategory/
Type**Transaction ID : SB17.4384**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. The Line Printing Co.

Mailing Address 437 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

City	State	Zip Code
Chula Vista	CA	91910

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Yard SignsCategory/
Type**Transaction ID : SB17.4386**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1823.21

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. The Line Printing Co.

Mailing Address 437 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

City	State	Zip Code
Chula Vista	CA	91910

Amount of Each Disbursement this Period

1800.00

Purpose of Disbursement
Yard SignsCategory/
Type**Transaction ID : SB17.4419**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Voter Guide Slate Cards

Mailing Address 6285 E Spring St, Suite 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

City	State	Zip Code
Long Beach	CA	90808

Amount of Each Disbursement this Period

2800.00

Purpose of Disbursement
Slate MailerCategory/
Type**Transaction ID : SB17.4414**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Jake White

Mailing Address 44454 E 15th St, #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

City	State	Zip Code
Lancaster	CA	93535

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
Graphic DesignCategory/
Type**Transaction ID : SB17.4413**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4750.00

FOR LINE NUMBER:
(check only one)

X	17		18		19a		19b
	20a		20b		20c		21

Fred Simon For Congress

A. Jake White

Date of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

Amount of Each Disbursement this Period

Transaction ID : SB17.4424

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.00

88205.12

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 31

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Dr. Fred J. Simon Jr.

Mailing Address 800 Country Club Ln

City	State	Zip Code
Coronado	CA	92118

Purpose of Disbursement
Loan Repayment

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 52

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

100000.00

Transaction ID : SB19A.4388

Category/
Type

Full Name (Last, First, Middle Initial)

B. Dr. Fred J. Simon Jr.

Mailing Address 800 Country Club Ln

City	State	Zip Code
Coronado	CA	92118

Purpose of Disbursement
Loan Repayment

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 52

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

100000.00

Transaction ID : SB19A.4389

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

Category/
Type**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

200000.00

200000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 31

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Fred Simon For Congress

Full Name (Last, First, Middle Initial)

A. Jim Teeter

Mailing Address 531 I Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

City	State	Zip Code
Coronado	CA	92118

Purpose of Disbursement
Refund

Amount of Each Disbursement this Period

250.00

Transaction ID : SB20A.4434

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

250.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 27 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

Fred Simon For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dr. Fred J. Simon Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

800 Country Club Ln

City

State

ZIP Code

Coronado

CA

92118

Original Amount of Loan

100000.00

Cumulative Payment To Date

100000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 28 / 2013

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4123

Fred Simon For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Fred J. Simon Jr.

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

800 Country Club Ln

City

State

ZIP Code

Coronado

CA

92118

Original Amount of Loan

300000.00

Cumulative Payment To Date

100000.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 23 / 2013

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4363

Fred Simon For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dr. Fred J. Simon Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

800 Country Club Ln

City

State

ZIP Code

Coronado

CA

92118

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

353000.00

0.00

353000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 / 31 / 2014M M / D D / Y Y Y Y
/ / /D D / Y Y Y Y
/ / /Y Y Y Y
None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

353000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4364

Fred Simon For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dr. Fred J. Simon Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

800 Country Club Ln

City

State

ZIP Code

Coronado

CA

92118

Original Amount of Loan

600000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600000.00

TERMS

Date Incurred

M M / D D / Y Y
03 / 31 / 2014

Date Due

M M / D D / Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

600000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4480

Fred Simon For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dr. Fred J. Simon Jr.

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

800 Country Club Ln

City

State

ZIP Code

Coronado

CA

92118

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
04 / 21 / 2014M M / D D / Y Y
/ / /D D / Y Y
/ / /Y Y Y Y
None

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

1253000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.